

SPECIAL EXAMINATION REQUEST
Insect, Food and other Environmental Materials submissions
Required Fields in bold with *

***Sample type:** _____
(full Description please)

***Where was the sample obtained? :** _____
(name of institution, place or location)

Address of above: _____

***City of above:** _____

Condition of Sample: _____
(dehydrated, frozen, in food, on tape...)

***Date Sample Obtained:** ____ / ____ / ____ Time sample obtained: _____ AM or PM
(Approximate date is okay)

***SAMPLE SUBMITTED BY:** _____ **Phone:** _____
(full name)

***Address of Submitter:** _____
(no anonymous submissions!)

*All food submissions must be reported to the Environmental Inspections Division first.
A food history must be taken if there is any associated illness.
Please note: It is a Federal Crime to file false reports of food borne illness or contamination.*

***Reason for Submission:** _____

Any Associated illness? _____ Number of people ill: _____ Doctor's name: _____

Symptoms: _____

-----For Laboratory Use ONLY! -----

Action taken: _____

Referrals: _____ Date ____ / ____ / ____